

## STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use OnlyRECEIVED  
COVER PAGE  
FAIR POLITICAL  
PRACTICES COMMISSIONRECEIVED  
CITY CLERK'S OFFICE  
02/06/13

Please type or print in ink.

NAME OF FILER

(LAST)

2013 APR -8 PM 12:27  
Suzanne

(FIRST)

Marie

(MIDDLE)

## 1. Office, Agency, or Court

Agency Name

City of El Segundo

Division, Board, Department, District, if applicable

Your Position

Council

Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment.

Agency: Refer to attached

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of El Segundo☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the penalties for providing false information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed

March 5, 2013

(month, day, year)

(File the originally signed statement with your filing official.)

**AGENCIES/COMMITTEES**  
**FORM 700**  
**MAYOR PRO TEM SUZANNE FUENTES**

<b>AGENCY</b>	<b>POSITION</b>	<b>PERIOD</b>
CITY OF EL SEGUNDO COUNCIL	COUNCIL MEMBER / MAYOR PRO TEM /	01/01/2012 12/31/2012
LEAGUE OF CALIFORNIA CITIES	ALTERNATE	05/01/2012 12/31/2012
MUNICIPAL AREA EXPRESS (MAX)	ALTERNATE	01/01/2012 12/31/2012
REACH OUT AGAINST DRUGS (ROAD)	DELEGATE	05/15/2012 12/31/2012
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS (COG)	ALTERNATE / DELEGATE	01/01/2012 12/31/2012
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS	ALTERNATE	05/01/2012 12/31/2012
CITY / SCHOOL AFFAIRS SUBCOMMITTEE	DELEGATE	05/01/2012 12/31/2012
SENIOR CITIZEN HOUSING CORPORATION BOARD (PARK VISTA)	LIAISON	05/01/2012 12/31/2012



# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

**SUZANNE FUENTES**

► NAME OF SOURCE (Not an Acronym)

Northrop Grumman

ADDRESS (Business Address Acceptable)

1 Hornet Way, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Defense and Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S) (LAEDC) City of El Segundo Eddy Award Finalist
11 / 08 / 13	\$ 150	
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$	
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$	
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$	
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$	
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$	
__ / __ / __	\$	
__ / __ / __	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

SUZANNE FUENTES

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)  
West Basin Municipal Water District

ADDRESS (Business Address Acceptable)  
17140 S. Avalon Blvd., #210

CITY AND STATE  
Carson, CA 90746

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 04 / 20 / 12 - 04 / 21 / 12 AMT: \$ 649.28  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☒ Other - Provide Description  
Represented the City of El Segundo at the State  
Water Project Tour

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

Comments: \_\_\_\_\_